



# Academic Staff Professionals Representation Organization



## Membership Application and Authorization Form

<i>Name:</i>	
<i>Title/UW Campus:</i>	
<i>Campus Mailing Address:</i>	
<i>Campus Email Address:</i>	
<i>Campus Phone Number:</i>	
<i>Home Mailing Address:</i>	

### Choose ONE of these two payment options:

- Check here to pay monthly through pre-tax payroll deduction. Effective immediately, I hereby request and authorize the University of Wisconsin to deduct .25 of 1% of my monthly salary to provide for payment to the Academic Staff Professionals Representation Organization. This is a continuous authorization from year to year, applying the deduction percentage as authorized by the UW System ASPRO Board. I understand that these deductions may not be tax deductible. The deduction from each salary check issued by the University will remain in effect as long as I am employed by the University, unless terminated by me upon thirty (30) days written notice to the ASPRO Office. **You must include the following information:**

<b>Last four digits of Social Security # AND Birth Date:</b>	<b>OR</b>	<b>UW ID Number:</b>
<b>Signature:</b>		<b>Date:</b>

- Check here if you wish to make an annual membership dues payment. Please make the check out to "ASPRO" for \$175. Attach your check to this form and mail to the address below.

### This form can be mailed, emailed or faxed to ASPRO at:

Via U.S. Mail:  
ASPRO  
10 E. Doty St.  
Suite 519  
Madison, WI 53703

Via Fax:  
(608) 255-4909  
Via Email:  
aspro@aspro.net

As always, we welcome any questions or comments! (608) 286-9599 [aspro@aspro.net](mailto:aspro@aspro.net)